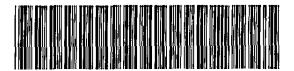
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Special Instructions to Filing Officer:		

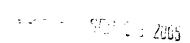
Office Use Only



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09/19/05--01026--020 \*\*35.00







## **COVER LETTER**

Division of Corporations	
SUBJECT: Slade Drywall, Inc. (Name of Co.	rporation)
DOCUMENT NUMBER: F05000002651	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Slade V. Jones (Name of Cont.)	act Person)
Slade Drywall, Inc.	npany)
120 Cumberland Park Drive, (Addre	Suite 205
Saint Augustine, FL 32095 (City/State and	Zip Code)
For further information concerning this matter, please cal	
Stacey L. Jones	at ( 904 ) 823-1503 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Georgia
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Slade Drywall, Inc.
2. The principal of	office address: 6200 Due West Road NW Kennesaw, GA 30152
3. The mailing ac	ddress (if different): 120 Cumberland Park Drive, Suite 205
	Saint Augustine, FL 32095
4. Date of incorp	oration/qualification: 5/4/05 Document number: F05000002651
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	Slade V. Jones
	8700 Southside Blvd. Apt 113
	Jacksonville, FL 32256 ₹
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office ST T T T T T T T T T T T T T T T T T T
	(address change only)
	120 Cumberland Park Drive, Suite 205
	(P.O. Box NOT acceptable)  Saint Augustine, FL 32095
•	
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board or the corporation has been notified in writing of the change.
(Signatur	Sade V. Junes President (Printed or typed name and title)
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of a large familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified for writing of this change.
(9/18/	nature of Registered (gent) (Date)
If signing on beh	nalf of an entity:
	rped or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*